

BUILDING PERMIT APPLICATION

City of Muskegon

933 Terrace St. P.O. Box 536

Muskegon, MI 49443-0536

(231)724-6758

Date

Permit #

I. JOB LOCATION

Job Address		Has a plan review been completed for this project? YES NO NOT REQUIRED	
Name of Owner/Agent		Owner Telephone	
Owner Address	City	State	Zip Code

II. CONTRACTOR /OWNER INFORMATION

Contractor Homeowner	Name	License Number	Expiration Date
Address(Street & Name)		City	State
			Zip Code
Telephone Number ()	Federal employer ID Number (or reason for exemption)		MESC Employer Number (or reason for exemption)
Workers Compensation Insurance Carrier (or reason for exemption)			Contractor information registered with the City of Muskegon YES NO

III. ARCHITECT OR ENGINEER

Name (Company or Individual)				License Number
Address	City	State	Zip code	Telephone Number

IV. TYPE OF JOB

Class of work (check all that apply)			
NEW BUILDING	ADDITION	ALTERATION	REPAIR
RESIDENTIAL	COMMERCIAL	INDUSTRIAL	OTHER
Description of work			

V. FEE – Enter the value of the proposed project.

State the total cost of the improvement , including excavation, building, plumbing, electrical, mechanical and architectural costs	\$	Permit Fee
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Separate permits are required for Plumbing, Mechanical, and Electrical work.

NO WORK IS TO START PRIOR TO THE ISSUANCE OF BUILDING PERMIT

(PROJECTS STARTED WITHOUT A PERMIT MAY BE SUBJECT TO INVESTIGATION FEES)

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

VI. APPLICANT SIGNATURE

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523a, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.”	
Signature of licensee or property owner	Date

APPLICATION FOR PLAN REVIEW

City of Muskegon

933 Terrace St. P.O. Box 536

Muskegon, MI 49443-0536

(231)724-6758

Date

I. JOB LOCATION

Job Address		Plan review deposit received?	
Name of Owner/Agent		Owner Telephone	
Owner Address	City	State	Zip Code

II. ARCHITECT OR ENGINEER

Name (Company or Individual)			License Number	
Address	City	State	Zip code	Telephone Number

III. TYPE OF JOB

Class of work (check all that apply)	ADDITION	ALTERATION	REPAIR
NEW BUILDING			
RESIDENTIAL	COMMERCIAL	INDUSTRIAL	OTHER
Description of work			

FOR OFFICE USE ONLY

	REQUIRED		RETURNED	APPROVED		
BUILDING	Yes	No		Yes	No	
ELECTRICAL	Yes	No		Yes	No	
MECHANICAL	Yes	No		Yes	No	
PLUMBING	Yes	No		Yes	No	
FIRE DEPARTMENT	Yes	No		Yes	No	
SITE PLAN	Yes	No		Yes	No	
OTHER	Yes	No		Yes	No	